

FORM LM-30  
LABOR ORGANIZATION OFFICER AND  
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 438 or 440.

For Official Use Only



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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>8437</u>	2. Fiscal Year Covered From: <u>1/01/04</u> Through: <u>12/31/04</u>
3. Name and address of person filing. Name <u>Steve Vermillion</u>  P.O. Box, Bldg., Room No., if any  Street <u>12070 N. 200 West</u>  City <u>ALEXANDRIA</u>  State <u>INDIANA</u> ZIP Code + 4 <u>46001</u>	4. Name, file number, and address of labor organization. Name <u>Carpenters LOCAL 1016</u>  Labor Organization File Number <u>511216</u>  P.O. Box, Building and Room Number, if any  Street <u>4201 East Centennial Ave.</u>  City <u>Muncie</u>  State <u>INDIANA</u> ZIP Code + 4 <u>47303</u>
5. Position in labor organization. <u>TRUSTEE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any)  Name  Trade Name, if any  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.      7.b. Amount

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Steve Vermillion

On

8-09-05  
Date

765-288-9015 Office  
765-754-7380 Home  
Telephone Number

Name of Person Filing <u>Steve Vermillion</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name <u>Indiana Regional Council of Carpenters</u> <u>JATF</u> Trade Name, if any: <u>Carpenters/Midnight Training Program</u> P.O. Box, Bldg., Room No., if any  Street <u>6125 East 38 Street</u>  City <u>Indianapolis</u>  State <u>Indiana</u> ZIP Code + 4 <u>46226</u>	9. Business deals with:  <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">(a. Labor Organization)</div> b. Trust  c. Employer
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10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	11.a. Nature of such dealing.  <u>To Provide Training</u>  <hr/> 11.b. Approximate dollar value of such dealing. <u>VARIES</u>  12.a. Nature of interest held or income received. <u>Compensation For wages and benefits as an employee of Training Fund and Reimbursement of expenses.</u>  <hr/> 12.b. Amount. <u>83851.87</u>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	14.a. Nature of payment.          
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.